



ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INSURANCE

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

1. Name of Applicant: _____

2. Address (Head Office) _____

Branch Office _____

Date Established: Day _____ Month _____ Year _____

Telephone: _____ Fax: _____ Website: _____

3. Former names of Applicant/Firm Date Estab. Closed

a) _____

b) _____

4. Is the Applicant engaged by others as an employee? Yes No

Partners and Officers (Attach Resume)	University attended	Degree	Year	Prov. Licenced to practice in
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Number of employees not including Partners and Officers

Architects _____ Engineers _____ Surveyors _____ Technologists _____

Transitmen _____ Draftsmen _____ Office _____ Others _____

6. Please describe the nature of your practice (Attach Brochure)

7. Please list your five largest projects done during the past five years.

Name of Project	Fee	Total Construction Value	Value of Your Portion
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

8. What percentage of projects are undertaken using a standard contract developed by the Applicant?

0% - 25% 26% - 50% 51% - 75% 76% - 100%

If standard contract is used, **please attach a copy of a representative contract.**

9. Fees:

	Previous Fiscal Year		Current Fiscal Year		Projected Fiscal Year	
	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
a) GROSS FEES (Include b, c, d & e)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
b) Fees paid to subconsultants*	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
c) Fees derived from projects which have been separately insured	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
d) Fees for projects in USA	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
e) Fees for projects outside of North America	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
f) Construction Values	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

* Does the Applicant require evidence of Professional Liability Insurance for its sub-consultants by obtaining certificates of insurance on an annual basis? Yes No

What type of work is sub-contracted?

10. Please indicate percentage of fees derived from the following **ENGINEERING** activities. (To be completed by Engineering applicants).

ENGINEERING SERVICES

	% Last 12 Months	% Anticipated next 12 Months
a) Work not resulting in construction	_____	_____
b) Structural Engineering	_____	_____
c) Civil Engineering	_____	_____
d) Geotechnical Engineering / Geology	_____	_____
e) Software Design	_____	_____
f) Materials Testing	_____	_____
g) Mechanical Engineering	_____	_____
h) Electrical Engineering	_____	_____
i) Environmental (please complete attached Addendum)	_____	_____
j) Hydrology	_____	_____
k) Project / Construction Management	_____	_____
l) Surveying	_____	_____
m) Land Use Planning	_____	_____
n) Process Engineering	_____	_____
o) Quantity Surveying	_____	_____
p) Drafting	_____	_____
q) Vibration / Acoustics	_____	_____
r) Other (describe)	_____	_____

Totals 100%

PROJECTS

	% Last 12 Months	% Anticipated next 12 Months
a) Sewage and Water Services	_____	_____
b) Roads and Highways	_____	_____
c) Oil and Gas Pipelines	_____	_____
d) Bridges, Tunnels, Dams (describe)	_____	_____
e) Marine / Docks / Harbours	_____	_____

PROJECTS (cont'd)	% Last 12 Months	% Anticipated next 12 Months
f) Residential	_____	_____
g) Industrial Building	_____	_____
h) Environmental	_____	_____
i) Industrial Process	_____	_____
j) Commercial Buildings	_____	_____
k) Inspections	_____	_____
l) Other (describe)	_____	_____
Totals 100%	_____	_____

11. Please indicate percentage of fees derived from the following **ARCHITECTURAL** activities.
(To be completed by Architectural applicants).

ARCHITECTURAL SERVICES	% Last 12 Months	% Anticipated next 12 Months
a) Work not resulting in construction	_____	_____
b) Interior Design	_____	_____
c) Landscape Architecture	_____	_____
d) Private Homes	_____	_____
e) Apartments/Condos/Town Houses	_____	_____
f) Commercial and Office Complexes	_____	_____
g) Industrial	_____	_____
h) Institutional	_____	_____
i) Recreational	_____	_____
j) Project Management Services	_____	_____
k) Environmental (please complete attached Addendum)	_____	_____
l) Other (describe)	_____	_____
Totals 100%	_____	_____

12. Is the applicant controlled by, owned by, or related to any other firm, corporation or company? Yes No
If Yes, **attach details.**

13. Do any of the partners or officers of the Applicant hold an interest in any other corporation with whom the Applicant carries on business? Yes No

If Yes, **attach details.**

14. Does the Applicant, any partner, officer or related company engage in the actual work of construction or fabrication other than supervision? Yes No

If Yes, **attach details.**

15. Are more than 25% of your Professional Services provided for one client? Yes No

If Yes, **attach details.**

16. Please list **joint ventures** separately insured:

17. Please provide names of all **projects** separately insured:

18. Does the Applicant currently carry professional or errors and omissions liability insurance? Yes No

i) If Yes, please indicate the name of the Insurer:

ii) Please indicate if such coverage was offered on an occurrence basis or claims made basis:

Occurrence Claims Made

iii) If current coverage is on a claims made basis, what is the retroactive date?: _____

iv) What is your current policy limit? _____

v) What is your current deductible? _____

vi) If you are presently insured, are renewal terms being offered? Yes No

vii) If No, please state reason:

19. a) Have any claim(s) ever been made to the knowledge of the Applicant against the Applicant, any business predecessors, or any of the present or former partners or officers? Yes No

b) Is the Applicant aware of any fact which could give rise to a claim against the Applicant or any predecessor in business, or any present or former partner or officer? Yes No

IF THE ANSWER TO EITHER Q.19 a) OR Q.19 b) IS YES, COMPLETE THE ENCLOSED CLAIMS HISTORY FORM

NOTE: THE POLICY DOES NOT COVER ANY CLAIM OR CIRCUMSTANCE STATED IN 19 a) AND/OR 19 b) OR ANY ACT, ERROR, OMISSION OR CIRCUMSTANCE WHICH COULD GIVE RISE TO A CLAIM, OF WHICH THE APPLICANT HAS KNOWLEDGE PRIOR TO THE INCEPTION OF THE POLICY

20. Has any Partner, Executive Officer, Director or Professional Employee had their licence suspended, been fined or reprimanded during the past five years? Yes No
If Yes, **attach details.**

21. To the Applicant's knowledge, has any company declined or terminated the insurance for the Applicant, any present partner or officer or for any predecessor in the business, past partners or officers? Yes No
If Yes, **attach details.**

22. Please note the professional associations to which the Applicant belongs:

23. Insurance required:

LIMITS: \$1,000,000 / 2,000,000
 \$2,000,000 / 2,000,000
 \$3,000,000 / 3,000,000
 \$4,000,000 / 4,000,000
 \$5,000,000 / 5,000,000
 Other _____

DEDUCTIBLES: \$ 2,500
 \$ 5,000
 \$10,000
 \$25,000
 Other _____

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____
EMAIL: _____

**For contact information visit:
www.markelinternational.ca**

ADDENDUM
ENVIRONMENTAL LIABILITY QUESTIONNAIRE

1. Please indicate the approximate percentage of total fees reported in your application for insurance (including those paid to sub-consultants but not projects insured separately) derived from each of the following project types:

	Past Accounting Year (%)	Current Accounting Year (Estimated%)
a. Studies and Reports (excluding soils investigations or remediation)	_____	_____
(1) Environmental impact studies or assessments	_____	_____
(2) Environmental permit review or approval	_____	_____
(3) Building Inspections / Audits	_____	_____
(4) Environmental Monitoring (describe type of service)	_____	_____
(5) Air Emission Control Services	_____	_____
b. Waste Disposal		
(1) Waste site evaluation or selection	_____	_____
(2) Design, monitoring or closure of landfills	_____	_____
c. Design or construction services for remedial action of contaminated buildings	_____	_____
d. Services related to the evaluation, removal or replacement of underground storage tanks	_____	_____
e. Industrial Process Engineering (Non-Petrochemical)	_____	_____
f. Petrochemical Engineering	_____	_____
g. Design of Laboratories	_____	_____
h. Soils Investigations		
(1) Underground investigations for possible contamination	_____	_____
(2) Determination of extent of contaminated sites	_____	_____
(3) Design of remedial action of contaminated sites	_____	_____
(4) Investigations not related to waste or contamination detection	_____	_____

2. How many years has your firm provided services for the detection, monitoring, handling or disposal of hazardous substances _____

3. Personnel (indicate the number of staff involved in environmental work)

- a. Architects / Civil Engineers _____
- b. Process Engineers _____
- c. Geotechnical Engineers _____
- d. Chemists and Biologists _____
- e. Industrial Hygienists or Toxicologists _____
- f. Geologists / Hydrologists _____
- g. Environmental Engineers _____
- h. Other Personnel _____

(Please attach Curriculum Vitae of key personnel if not previously submitted)

4. Have you accepted, or do you plan to accept responsibility (either directly or as an agent of the owner) for the actual clean-up, transportation, storage or disposal of a "pollutant"? Yes No
If YES, please explain:

5. For what percentage of environmental work in the past year have you been able to obtain client agreement for:

- a. Complete indemnification _____
- b. Partial indemnification _____
- c. Limitation of liability (please attach sample) _____

CLAIMS HISTORY

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____

Claimant: _____

Date of Loss: _____ Suit: Yes No

Amount Claimed: _____ Estimated Liability: _____

Indemnity Paid: _____ Expenses Paid: _____

Closed: Yes No

Description of Claim: _____
